



Consolidation Request (BOR)

Claimant ID/SSN:

Dated:

BOR Docket No:

(If Issued)

In accordance with the provisions of 56 Ill. Adm. Code 2720.230(a) and 2725.235(a),

(Check One) (☐ Claimant ☐ Employer), the (Check One) (☐ Appellant ☐ Appellee) in the above referenced BOR Docket Number, hereby requests that the appeal associated with the above referenced BOR Docket Number be consolidated with the appeal associated with BOR Docket Number .

Evidence showing that the appeals to be consolidated involve common questions of law or facts, and that consolidation will expedite the disposition of the appeals while not prejudicing the rights of any party to the appeals, is as follows:

Note: If necessary, you may write on the back of this form and/or add extra pages in order to complete your explanation.

Signature (Claimant / Employer)

Signature (Attorney / Representative)
For
(Claimant / Employer)

Board of Review
33 South State Street
9th Floor
Chicago, Illinois 60603-2802
www.ides.illinois.gov

Chicago: 1-800-821-3550
Fax: 1-312-793-2373